STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed ____________________________
(Signature) ____________________________

Date Filing Official Received ____________________________
Electronic Submission ____________________________

Ruiz Crystal L

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
City of San Jacinto

Division, Board, Department, District, if applicable
Your Position
City Council Member

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of 

☒ City of San Jacinto

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2020, through December 31, 2020.

☐ Leaving Office: Date Left ______/_____/__________

☐ The period covered is January 1, 2020, through the date of leaving office.

☐ Assum ing Office: Date assumed ______/_____/__________

☐ The period covered is ______/_____/__________ through the date of leaving office.

☐ Candidate: Date of Election __________ and office sought, if different than Part 1:

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments – schedule attached

☐ Schedule A-2 - Investments – schedule attached

☒ Schedule B - Real Property – schedule attached

☐ Schedule C - Income, Loans, & Business Positions – schedule attached

☐ Schedule D - Income – Gifts – schedule attached

☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

- or - None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
595 S San Jacinto Ave
San Jacinto CA 92583-4134
(Business or Agency Address Recommended - Public Document)
STREET
CITY
STATE
ZIP CODE

DAY TIME TELEPHONE NUMBER
( )

EMAIL ADDRESS
cruiz@sanjacintoca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/30/2021 07:33 AM
(Signature) ____________________________

Electronic Submission
(File the originally signed paper statement with your filing official.)
## SCHEDULE C
### Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>YOUR BUSINESS POSITION</th>
<th>GROSS INCOME RECEIVED</th>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kaiser Permanente</strong></td>
<td></td>
<td></td>
<td>Medical Scheduling</td>
<td>$1,001 - $10,000</td>
<td>Salary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Spouse’s or registered domestic partner’s income (For self-employed use Schedule A-2.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sale of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Real property, car, boat, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Loan repayment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commission or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rental Income, list each source of $10,000 or more (Describe)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

### 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
<th>SECURITY FOR LOAN</th>
<th>STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kaiser Permanente</strong></td>
<td></td>
<td></td>
<td>$500 - $1,000</td>
<td>%</td>
<td>None</td>
<td>None</td>
<td>Street address</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$500 - $1,000</td>
<td>%</td>
<td>None</td>
<td>None</td>
<td>Street address</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$1,001 - $10,000</td>
<td>%</td>
<td>None</td>
<td>None</td>
<td>Street address</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$10,001 - $100,000</td>
<td>%</td>
<td>None</td>
<td>None</td>
<td>Street address</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OVER $100,000</td>
<td>%</td>
<td>None</td>
<td>None</td>
<td>Street address</td>
</tr>
</tbody>
</table>

Comments:

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FAIR POLITICAL PRACTICES COMMISSION

Crystal Ruiz

Kaiser Permanente

Medical Insurance Company

Medical Scheduling

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary

Spouse’s or registered domestic partner’s income (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of

(Real property, car, boat, etc.)

Loan repayment

Commission or

Rental Income, list each source of $10,000 or more

Kaiser Permanente

(Describe)

Other

(Describe)

INTEREST RATE

% None

TERM (Months/Years)

SECURITY FOR LOAN

None

Personal residence

Real Property

Street address

City

Guarantor

Other

(Describe)